

SPLIT-1

Work Order ID 106616-1

Wednesday September 11, 2013 7:42:39 AM

Page 1

647.0114

106616

B106616

Accept

N900040100

Setup Start *NS1*

Stop *NS2*

Item ID: 647.0114

Revision ID:

Item Name: Clip

Start Date: 9/11/2013 Start Qty: 100.00

100

Cust Item ID:

Required Date: 10/4/2013 Req'd Qty: 100.00

100

Customer:

Reference:

Approvals: Process Plan: C2

Date: 13/09/11 Tooling:

Date:

Run Start *NR1*

QC:

Date:

SPC (Y/N):

Date:

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr Revision Nbr

647.0100 A

0.00

0.00

0.00

0.00

110

110

Purchasing

Purchasing

Memo

Issue P/O: 21295

Make 647.0114 as per Dwg 647.0100

Possible Supplier: G.F.Y.

Material release note is required

CENT5

QC6- Inspect dimensions to drawing

Memo

120

120

QC

Quality Control

DAS
27
9-89

B1016

C2 13/09/11 100

P13/14/16 100

100

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS				
Part No. _____		Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	
NCR No. _____		Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	
		Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	
		Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>		

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Work Order ID 106616

Wednesday, September 11, 2013 7:42:39 AM

106616

Page 2

Item ID: 647.0114 Accept ***N900040100*** Setup Start ***NS1***
 Revision ID: Stop ***NS2***
 Item Name: Clip
 Start Date: 9/11/2013 Start Qty: 100.00 ***100*** Cust Item ID:
 Required Date: 10/4/2013 Req'd Qty: 100.00 ***100*** Customer:
 Reference:

Approvals: Process Plan: Date: Tooling: Date: Run Start ***NR1***
 QC: Date: SPC (Y/N): Date: Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
160 *160* Outsource4 Outsource process - Anodize	Outsource process-Anodize per QSI017 4.1.10.1 Memo Issue P/O to ATG : <u>21743</u> 1- Black Anodize as per Dwg 647.0100 2- PRIME AS PER DWG, SEE NOTE #2 Certification of Comformity is required	0.00 0.00							<u>CL 13/10/18 100</u>
170 *170* Packaging Packaging	Receive & Inspect for Damage & Mat'l Certs Memo	0.00 0.00							<u>P 13/11/15 (48)</u>
180 *180* QC Quality Control	QC5- Inspect part completeness to step on W/O Memo	0.00 0.00							<u>48</u> <u>can</u>

DAS
27
9-89

Blind

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General		
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset	<input type="checkbox"/> Pressure/Forced
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration	<input type="checkbox"/> Temperature/Cure
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Weld
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Wrong Stock Pulled
			<input type="checkbox"/> Other

Work Order ID 106616

106616

Page 3

Wednesday, September 11, 2013 7:42:39 AM

Item ID: 647.0114 Accept *N900040100* Setup Start *NS1*
 Revision ID: Stop *NS2*
 Item Name: Clip
 Start Date: 9/11/2013 Start Qty: 100.00 *100* Cust Item ID:
 Required Date: 10/4/2013 Req'd Qty: 100.00 *100* Customer:
 Reference:

Approvals: Process Plan: Date: Tooling: Date: Run Start *NR1*
 QC: Date: SPC (Y/N): Date: Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
210	Identify as per dwg & Stock Location: <u>ST535</u>	0.00							
210									
Packaging	Memo	0.00							
Packaging	***IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV***								
220	QC21- Final Inspection - Work Order Release	0.00							
220									
QC	Memo	0.00							
Quality Control									

48x DAS 28 9-89 13-11-15

13/11/19

RB-11-15

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Picklist Print

Wednesday, September 11, 2013 7:42:38 A

Page 1

Work Order ID: 106616

Parent Item: 647.0114

Parent Item Name: Clip

Start Date: 9/11/2013

Required Date: 10/4/2013

Start Qty: 100.00

Required Qty: 100.00

Comments: IPP REV:A 12.08.14 NEW ISSUE DD VERF:JFS
MADE AT GFI DD VERF:JLM

IPP REV:B 13.09.10 NOW

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
647.0114P Clip		Purchased	No				Each	0.0000		100			

13/09/15 (48)

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

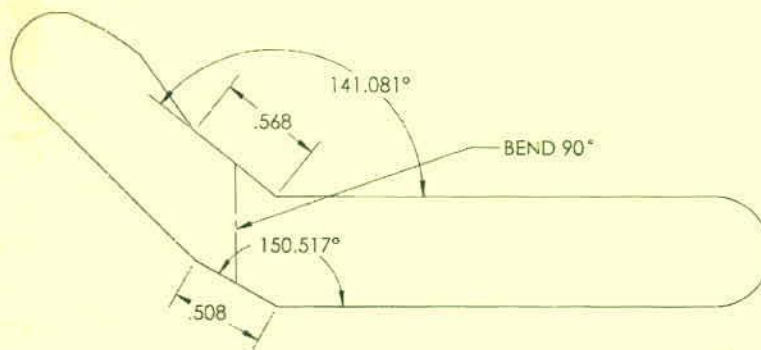
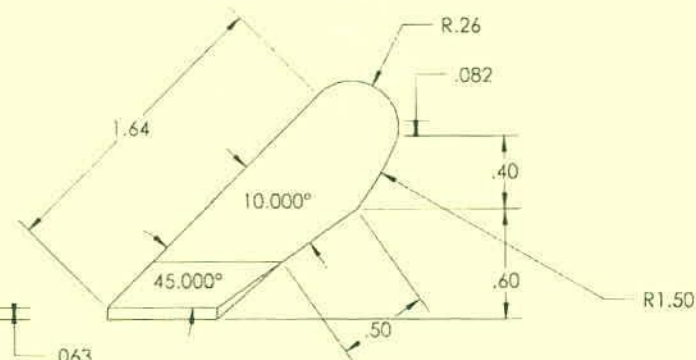
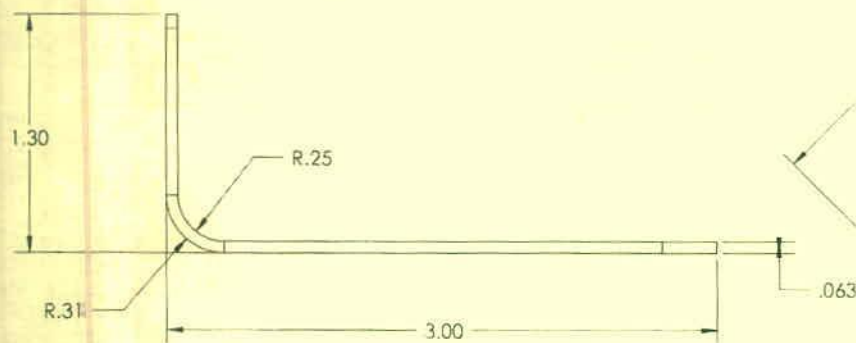
Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio
	<input type="checkbox"/> Grain
	<input type="checkbox"/> Hardware
	<input type="checkbox"/> Inspection Incomplete
	<input type="checkbox"/> Instructions Incomplete/Unclear
	<input type="checkbox"/> Maintenance
	<input type="checkbox"/> Misabeled
	<input type="checkbox"/> Misread
	<input type="checkbox"/> Offset
	<input type="checkbox"/> Out of Calibration
	<input type="checkbox"/> Out of Sequence
	<input type="checkbox"/> Outside Dimensions
	<input type="checkbox"/> Ovalized
	<input type="checkbox"/> Over/Under tolerance
	<input type="checkbox"/> Part Incorrect
	<input type="checkbox"/> Part Lost/Missing
	<input type="checkbox"/> Part Moved
	<input type="checkbox"/> Positioned Wrong
	<input type="checkbox"/> Power Loss/Surge
	<input type="checkbox"/> Pressure/Forced
	<input type="checkbox"/> Temperature/Cure
	<input type="checkbox"/> Weld
	<input type="checkbox"/> Wrong Stock Pulled
	<input type="checkbox"/> Other

PERSON			
REV	DESCRIPTION	DATE	APPROVED



FLAT PATTERN

ORIGINAL DATE (ADD-DA-77) (A-M-N)	APICAL INDUSTRIES		
DESIGN BY B. RICHARDSON B. BRAY	2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760) 724-5300		
DESIGNED & PROVIDED BY B. BRAY B. RICHARDSON CONTRACT NO.			
SHEETMETAL			
SHEET COMPENSATION DIMENSIONS ARE IN INCHES 1. TOLERANCES ARE: 2. PLACES DECIMALS ARE: 3. PLACES DECIMALS ARE: 4. PLACES DECIMALS ARE:			
SER. # CAGE CODE DWG. NO. SCALE: NONE	647.0100		REV. C A

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
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<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID PO21295

Purchase Order Date 9/11/2013

PO Print Date 9/11/2013

Page Number 1 of 1

Order From :

VC-GFI001

GFI
180 AVENUE LABROSSE
POINTE CLAIRE, QC H9R 1A1
CA

Ship To : DART AEROSPACE LTD
1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

FAXED
9/13/2013

Contact Name

Vendor Phone 514 630 4877

Ship To Contact

Ship To Phone

Ship Via: FedEx PI collect

Ship Acct:

Buyer

Chantal Lavoie

Customer POID

Customer Tax #

10127-2607

Terms

Net 30

Currency

CAD

FOB

Destination-Collect

Line Nbr	Reference Vendor Part Number Line Comments Delivery Comments	Description/ Mfg ID	Req Date/ Taxable Promise Date	CD	Req Qty/ Unit of Measure	PO Unit Price	Extended Price
1	647.0114P AS PER DWG 647.0114 REV. A B106616	Clip	10/11/2013 Yes 10/11/2013		100.00 Each	\$6.00	\$600.00
Line Total:							\$600.00
2	647.0115P AS PER DWG 647.0115 REV. A B106617	Clip	10/11/2013 Yes 10/11/2013		100.00 Each	\$6.00	\$600.00
Line Total:							\$600.00
PO Total:							\$1,200.00

Note: Pricing listed above is as per contract agreement between Dart Aerospace and the respective manufacturer.
No substitution or deviation without consent.
Certificate of Conformity or Material Certification required YES NO
PST# 6122-5207

Change Nbr: 1

Change Date: 9/11/2013



180 AVENUE LABROSSE
POINTE-CLAIRE, QC, CANADA H9R 1A1
TÉL: (514) 630-4877 - FAX: (514) 630-4849

GFI est une division de Thomas & Betts Fabrication Inc. / GFI is a division of Thomas & Betts Manufacturing Inc.



BON DE LIVRAISON / SHIPPING MEMO

DATE DE LIVRAISON / SHIPPING DATE			N° DE BON DE LIVRAISON / SHIPPING MEMO NO.	PAGE
JR - DY	MO - MO	AN - YR		
11	10	13	0523023	1/1



VENDU À / SOLD TO

EXPÉDIÉ À / SHIP TO

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON
K6A 1K7

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON
K6A 1K7

CODE DE CLIENT / CUSTOMER CODE	N° DE CONTRAT / JOB NO.	VOTRE N° DE COMMANDE / YOUR PURCHASE ORDER NO.	EXPÉDIÉ PAR / SHIP VIA
DART	GFI-0299	PO21295	
QUANTITÉ / QUANTITY	N° DE PIÈCE / PART NO.	DESCRIPTION	

100 647.0114P

CLIP

ITEM 1
C OF C REQ'D

MFG. JOB# 30274121-001 QTY 100 pcs

DUE DATE: 11 October 2013



EXPÉDITEUR / SHIPPER

N° DE BON DE LIVRAISON / SHIPPING MEMO NO.

REÇU PAR / RECEIVED BY

DATE

TOUTES LES RÉCLAMATIONS DOIVENT ÊTRE FAITES EN DEDANS DE 5 JOURS DE LA RÉCEPTION.
ALL CLAIMS MUST BE MADE WITHIN 5 DAYS OF RECEIPT OF GOODS.

CERTIFICATE OF COMPLIANCE
CERTIFICAT DE CONFORMITE



Membre de / A Member of **Thomas Betts**

180 LABROSSE AVENUE
POINTE CLAIRE, QC
H9R 1A1

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7

CERTIFICATE NO. 1 OUR JOB NO. J0274121 SHIPPING MEMO 0523023

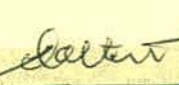
ITEM	QUANTITY	PURCHASE ORDER	PART NUMBER	REV	NAME	DWG ISSUE
<u>1</u>	<u>100 PCS</u>	<u>PO21295</u>	<u>647.0114P</u>	<u>A</u>	<u>CLIP</u>	<u>A</u>

MATERIAL AL 2024-T3 (AMS-QQ-A-250/4) SUPPLIED BY SAMUEL / KAISER ALUMINUM MAT. REL. NO. 650491A4

	PROCESS	PROCESSOR	RELEASE NOTE #
1	<u>FIRST ARTICLE INSPECTION REPORT ON FILE</u>	<u>GFI</u>	<u>N/A</u>
2	<u>NO FINISH AS PER E-MAIL ATTACHED</u>		
3	<u>REF. GFI MANUFACTURING JOB NUMBER J0274121-001 (100 PCS)</u>		
4			
5			
6			
7			
8			
9			

WE HEREBY CERTIFY ALL THE PARTS COVERED BY THIS CERTIFICATE HAVE BEEN MANUFACTURED FROM MATERIAL SUPPLIED ON RELEASE NOTE SHOWN ABOVE AND THAT ALL PARTS HAVE BEEN INDIVIDUALLY INSPECTED AND CONFORM TO THE DRAWINGS AND PURCHASE ORDER REFERENCED ABOVE.

DATE 15 OCTOBER 2013

G.F.I. Q.C. REP. 





Programme d'Assurance Qualité Enregistré / Registered Q.A. Program
ISO 9001:2008 + AS9120A

LETTRE DE CONFORMITÉ - LETTER OF COMPLIANCE

Date: September 27, 2013

Company Name: GFI Division of Thomas & Betts limited
Address: 180 avenue Labrosse
City: Pointe-Claire, Qc
Zip Code: H9R 1A1

du client: 83043
Customer's order #:

de commande SSMQ: 017058
SSMQ's Order #:

La présente est pour certifier que le matériel détaillé ci-dessous est conforme aux exigences de votre commande et des normes du grade tel que décrit:

The following is to certify that the material listed below meets your order requirements and grade standards as described:

Notre/Our Item #	# de pièces/ # of pieces	Épaisseur/Grandeur Guage/Size	Alliage/Trempe Alloy/Temper	Spécification / Specification	Lot/Heat
01	4	.063" X 48" X 144"	2024 T3	AMS-QQ-A-250/4	650491A4

*Bien à vous,
Yours truly,*

Kayla Vangerum



SHIP TO: SAMUEL BAIE D'URFE(SHIP TO) 21525 CLARK-GRAHAM BAIE D'URFE, PQ, CA H9X 3T5
SOLD TO: SAMUEL LAVAL 2225 FRANCIS HUGHES LAVAL, PQ, CA H7S1N5

KAISER ALUMINUM

Trentwood Works - Spokane, WA 99215
Phone: (800) 367-2586

CERTIFIED TEST REPORT

Serial Number
4305992

CUSTOMER PO NUMBER: C67160	WORK PACKAGE:	CUSTOMER PART NUMBER:	SHIP RUN/LOAD: 102704/2	GOV'T CONTRACT NUMBER:		
KAISER ORDER NO: 1156898	LINE ITEM: 3	SHIP DATE: 8-AUG-2013	ALLOY: 2024	CLAD: BARE	TEMPER: T3	PRODUCT DESCRIPTION: HT Flat Sheet
WEIGHT SHIPPED: 2913 LB	QUANTITY: 65 PCS EST.	TRUCK B/L #: 2043467	GAUGE: 0.0630 IN (1.6002 MM)	DIAMETER/WIDTH: 48.000 IN (1219.2 MM)	LENGTH: 144.000 IN (3657.6 MM)	

MHU 1705468: LOT 650491A4: 65 pieces; D944024

Certified Specifications

AMS 4037/RevP
CMMP 019/RevD

AMS-QQ-A-250/4/RevA
CMMP 025/RevU

ASTM B 209/Rev10

Test Code: 1504

Test Results

Lot: 650491A4 Cast 630

Drop 12

Ingot 2

Melted in USA

(ASTM E8/B557)
(EN 2002-1)

Tensile:	Temper	Dir / # Tests	Ultimate KSI (MPA)	Yield KSI (MPA)	Elongation %
	T3	LT / 2 (Min:Max)	68.5 : 68.8 (472 : 474)	44.8 : 45.9 (309 : 316)	19.0 : 19.4

(ASTM E1251)

Chemistry:	SI	FE	CU	MN	MG	CR	ZN	TI	V	ZR	OTHER
Actual(wt%)	0.13	0.21	4.5	0.55	1.3	0.02	0.19	0.02	0.01	0.01	TOT 0.03

ALLOY LIMITS

	SI	FE	CU	MN	MG	CR	ZN	TI	V	ZR	OTHER	MAX
2024												
MIN(wt%)	0.00	0.00	3.8	0.30	1.2	0.00	0.00	0.00	0.00	0.00	EACH	0.05
MAX(wt%)	0.50	0.50	4.9	0.9	1.8	0.10	0.25	0.15	0.05	0.05	TOT	0.15

Aluminum Remainder



KAISER ALUMINUM

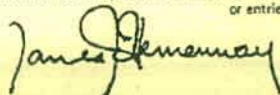
Trentwood Works - Spokane, WA 99215
Phone: (800) 367-2586

CERTIFIED TEST REPORT

Serial Number
4305992

CERTIFICATION

Kaiser Aluminum Fabricated Products, LLC (Kaiser) hereby certifies that metal shipped under this order was melted in the United States of America or a qualifying country per DFARS 225.872-1(a), was manufactured in the United States of America, and meets the requirements of DFARS 252.225 for domestic content. This material has been inspected, tested and found in conformance with the requirements of the applicable specifications as indicated herein. For material thicknesses outside specification limits, mechanical properties are as shown herein and chemical composition meets specification requirements. All metal which is solution heat treated complies with AMS 2772. Any warranty is limited to that shown on Kaiser's standard general terms and conditions of sale. Test reports are on file, subject to examination. Test reports shall not be reproduced except in full, without the written approval of Kaiser Aluminum Fabricated Products, LLC laboratory. The recording of false, fictitious or fraudulent statements or entries on the certificate may be punished as a felony under federal law. ISO-9001:2000 certified.



JAMES HEMENWAY, LABORATORIES SUPERVISOR





Pedro Mendez <pedro.mendez@tnb.com>

rfq

Messages

Linda Lacelle <llacelle@dartaero.com>

To: Pedro Mendez <pedro.mendez@tnb.com>

Tue, Sep 10, 2013 at 8:47 AM


Hi Pedro,

Could you please advise price and delivery on 647.0114 & 647.0115 per attached.

Qtys of 50 or 100

Thx

Linda

 **647.0114 A Sheetmetal.pdf**
1783K

Pedro Mendez <pedro.mendez@tnb.com>

To: Linda Lacelle <llacelle@dartaero.com>

Tue, Sep 10, 2013 at 11:52 AM

Hi Linda for the finishing we do or Dart take care?

[Quoted text hidden]

Pedro Mendez


Représentant technique


Technical Sales Representative

Thomas & Betts Manufacturing Inc. - GFI Division

180 Avenue Labrosse, Pointe-Claire

Quebec, Canada H9R 1A1

 (514) 630-4877- EXT 228

 (514) 630-4849

Email: pedro.mendez@tnb.com

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<http://groupwise.tnb.com/disclaimer/>

Linda Lacelle <llacelle@dartaero.com>
To: Pedro Mendez <pedro.mendez@tnb.com>

Tue, Sep 10, 2013 at 11:51 AM

We can take care of all the finishing...thx

From: Pedro Mendez [mailto:pedro.mendez@tnb.com]
Sent: September-10-13 11:53 AM
To: Linda Lacelle
Subject: Re: rfq

[Quoted text hidden]

<http://disclaimers.tnb.com/disclaimer/email/>

Pedro Mendez <pedro.mendez@tnb.com>
To: Linda Lacelle <llacelle@dartaero.com>

Tue, Sep 10, 2013 at 1:50 PM

Hi Linda

50 pcs 8.00\$each 100 = 6.00\$each 200 = 5.00\$each (even if you order 100 of each) 4 weeks delivery cad file required not finishing,

Regards

On Tue, Sep 10, 2013 at 8:47 AM, Linda Lacelle <llacelle@dartaero.com> wrote:
[Quoted text hidden]

—
Pedro Mendez
Représentant technique



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62741

Date: 14-Nov-13

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To


DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms		Ship Via	
Quantity	Description	Rev:	
48 ea	Part: 647.0114 (6.45) HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 PRIME MIL-P-23377J TYPE I CLASS N PRICE IS PER PIECE Job: 20130706	PO: 21743	Line:
29 ea	Part: 647.0115 (6.45) HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 PRIME MIL-P-23377J TYPE I CLASS N PRICE IS PER PIECE Job: 20130707	PO: 21743	Line:
<p>Certificate of Conformance</p> <p>A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.</p> <p>ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY</p> <p>DATE: <u>14/11/13</u></p> <p>CERTIFIED SIGNATURE: <u></u></p> <p>RECEIVER SIGNATURE: _____</p>			

